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Feb 14, 2005 08:00 AM
Secretary of State

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4. FEI Number	59-1358586	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75	8 1/4 x 11

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** 0.1% P
B 1/4 1/4 + U.S.

TITLE	PD
NAME	CABRERA, HELEN
STREET ADDRESS	14898 N. ROME AVE.
CITY - ST - ZIP	TAMPA, FL
TITLE	SD
NAME	TURNER, LUCILLE
STREET ADDRESS	2704 CLARK RD.
CITY - ST - ZIP	TAMPA, FL
TITLE	D
NAME	CABRERA, MARIO
STREET ADDRESS	14898 N. AROME AVE.
CITY - ST - ZIP	TAMPA, FL
TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with the other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Category	Percentage
1. General	100%
2. Specific	100%
3. General	100%
4. Specific	100%
5. General	100%
6. Specific	100%
7. General	100%
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9. General	100%
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95. General	100%
96. Specific	100%
97. General	100%
98. Specific	100%
99. General	100%
100. Specific	100%

Daytime Phone :